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PAGE 4/53: RCVD AT 8/4/2005 11:04:54 AM [Eastern Daylight Time] : SVR:USPTO-EFAXRF-6/24 : DNIS:2738300 : CSID:212 230 8888 : DURATION (mm-ss):12-50

PTO/5B/22 (12-04)  
Approved for use through 7/31/2006. OMB 0981-0031  
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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> FY 2005 <small>(Fee pursuant to the Consolidated Appropriations Act, 2005 (P.L. 109-105).)</small>		<b>Docket Number (Optional)</b> 110276.4600UG2	
<b>Application Number</b> 09/310559-Conf. #6255		<b>Filed</b> March 19, 2001	
<b>For</b> INTEGRATED REAL TIME AND POLLED ELECTRONIC MESSAGING SYSTEM AND METHOD			
<b>Art Unit</b> 2151		<b>Examiner</b> H. A. Phillips	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ 450.00
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account.

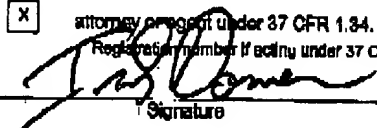
☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 08-0219. I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/5B/96).

☐ attorney or agent of record. Registration Number \_\_\_\_\_

☒ attorney or agent under 37 CFR 1.34.  
Registration number if acting under 37 CFR 1.34 35,120

  
\_\_\_\_\_  
Signature

Irsh H. Donner  
\_\_\_\_\_  
Typed or printed name

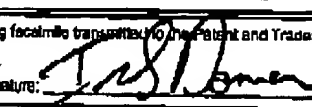
\_\_\_\_\_  
Date  
August 4, 2005

\_\_\_\_\_  
Telephone Number  
(212) 230-8800

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (571) 273-5300, on the date shown below.

Dated: 8/4/05 Signature:  (Irsh H. Donner)

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